N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

MAR 20 1935

Do not use this space.

File No. 4390

Registered No. 157

1. PLACE OF DEATH

County Buchanan, Registration District No. 2

Township Primary Registration District No.

City Saint Joseph, (No. 1005 Felix St. Ward)

2. FULL NAME Susan Vowels Furlong,

(a) Residence, No. 1005 Felix St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Thomas Furlong,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 13, 1852

7. AGE: Years 82, Months 6, Days 21. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeping,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home,

10. Date deceased last worked at this occupation (month and year): February 1935

11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marion County, Missouri,

FATHER

13. NAME: Newton Vowels,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Warrington West Virginia,

MOTHER

15. MAIDEN NAME: Mary Stone,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Culpeper, Virginia,

17. INFORMANT (ADDRESS): Milton Furlong 1005 Felix Street,

18. BURIAL, CREMATION, OR REMOVAL

PLACE Palmyra, Mo. DATE Feb. 6th. 1935

19. UNDERTAKER (ADDRESS): Heaton Belgale & Bowman 319 So. 10th. St. Funeral Home

20. FILED 2-5- 1935 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 4th. 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20th, 1934, to Feb. 4, 1935

I last saw her alive on Feb. 4, 1935 Death is said to have occurred on the date stated above, at 3:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	1931
Mitral Stenosis	1915
Cardiac decompensation	1933

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Other contributory causes of importance:

Hypertension	1932
Senility	-
Chronic glomerulonephritis	1932

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) Cabray Wortley, M. D., M. D.

(Address) 731 Faraon St. St. Joseph, Mo.